## M200000 7757

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	Popcorn SN LLC								
SOMECT.		Name of Lim	ited Liability (	Company	_				
				tion to Transact Business in Florida, ted liability company to transact busi					
Please return	all correspondence conce	rning this matter to the follo	owing:						
	Wayne R Wiggins J	r							
	Name of Person								
	Popcom SN LLC								
	Firm/Company								
	8210 Matisse Street	#4206							
	Address								
	Davenport,FL 3389	6							
		City/State	and Zip Code		_				
	wideshotp@gmail.com	m							
	E-r	nail address: (to be used for	r future annual	report notification)	_				
For further in	nformation concerning this	s matter, please call:			2020 SEP				
Wa	yne R Wiggins Jr	ai	407	694-6921	SED -				
	Name of Co		Area Code	Daytime Telephone Number	£-,				
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				bll 2: 111					
	losed is a check for the fo ase make check payable to	llowing amount: FLORIDA DEPARTMI	ENT OF STA	TE					
_	· · · <u>-</u>	\$130.00 Filing Fee & Certificate of Status	\$155.00	_	g Fee, Certificate ertified Copy				

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	canned claumty Company, must message 12mm	ted trabing	y Company,"	"L.L.C.," or "LLC.")		
rame unavailable, enter alternate na	une adopted for the purpose of transacting business in F	lorida The a	ternate name n	ust include "Limited Liability Company	y," "L.L.C," or "L	LC.")
DE (Jurisdiction under the law of wh	ich foreign limited liability company is organized)	85-1674210 3. (FEI number, if applicable)				
06/30/2020						
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	to registration mine penalty	i.) liabihty)			
8210 Matisse Street #4206 (Street Address of Principal Office)		6.	511 Rona	ld Reagan Pkwy #990 (Mailing Address)		_
	тикпран Описе)					
Davenport,FL 33896				n.FL 33858		_
Name and street addres	s of Florida registered agent: (P.O. Bo	ox <u>NOT</u> :	acceptable	)	2020 9	_
Name:	Wayne R Wiggins Jr				2020 SEP -4	
Office Address:	8210 Matisse Street #4206	_			Pii 5	
	Davenport		e.	34747 Iorida	+	

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: \_\_\_\_\_Wayne R Wiggins Jr Name: Wayne R Wiggins Sr Manager Manager Address: 8210 Matisse Street #4206 8210 Matisse Street #4206 Member Address: ■ Member Davenport,FL 34747 Davenport,FL 34747 Authorized ☐ Authorized Person Person Other\_\_\_\_\_ Other Other Other Manager Manager Manager Name: Name: Address: \_\_\_\_\_ Member Address: Authorized Authorized Person Person Other\_ Other\_\_\_\_ Other\_\_\_ Other Manager Name: \_\_ Manager Name: Member Address: Member Address: \_\_\_ Authorized Authorized Person Person Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Wayne R Wiggins Jr

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "POPCORN SN LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE THIRTY-FIRST DAY OF AUGUST, A.D. 2020.

2020 SED -1 PH 5: 44



Jeffrey W. Buflock, Secretary of State

Authentication: 203568151